

Covenant Christian School Complaint Form

YOUR DETAILS	
Family name	Given name(s)
Address	
Contact number	
Email	
PLEASE GIVE DETAILS OF THE COMPLAINT	
(Attach additional page and/or further documentation if you wish.)	
PLEASE GIVE DETAILS OF THE OUTCOME YOU ARE SEEKING	
(Attach additional page if space is insufficient.)	
HAVE YOU PREVIOUSLY RAISED THIS CONCERN WITH A STAFF MEMBER? (TICK)	
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No 🛘 Ye	es 🛘
If yes, when:	
Who dealt with the matter?	
What was the result?	
Signature:	Date:
Please return this form addressed to the Principal: principal@covenant.act.edu.au. If your complaint is	
about the principal, please send this form to bursar@covenant.act.edu.au .	
Office use only	
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Received By:	Date:
Referred to:	
Date matter is finalised:	
Name:Signature:	
	Signature:
File Reference:	